LYNN PARKS & RECREATION 6 WEEK SKI PROGRAM JANUARY 6, 2017 THROUGH FEBRUARY 10, 2017 FRIDAY EVENINGS @ SKI BRADFORD

Child's Name:		Age:
Address:		
City:	State: Zip:	
Home Phone:	Cell Phone:	
Parent/Guardian Na	me:	
Email Address:		
NAME	N CASE OF EMERGENCY PLEASE CONTA PHONE # CELL PHONE RELA	TIONSHIP
	Sweatshirt Size: (Please Circle)	
Youth 10-12	2 Adult Small	Adult Large
Youth 14-16	Adult Medium	Adult X-Large
PLEASE SPEC	CIFY YOUR PACKAGE BY MARKING THE	BOX INDICATED:
PACKAGE A:	The use of all lift facilities & transportation	\$295.00
PACKAGE B:	One Hour Ski Lesson including the use of all lifts and transportation	\$365.00
PACKAGE C:	One Hour Snowboard Lesson including the use of all lifts and transportation	\$365.00
PLEASE SPEC	CIFY YOUR RENTALS BY MARKING THE I	BOX INDICATED:
Yes/No Skis, I	Boots, Poles (Not included in the option packa	ges) \$110.00
Yes/No Snow	board & boots (Not included in the option pac	ckages) \$110.00
•	et Rental (Not included in the option packages ST \$ TOTAL RENTAL COST \$ OVERA	
50% DEPOSITBALANCE DUE		

LYNN PARKS & RECREATION EMERGENCY CARD INFORMATION

Child's Name:	Date	of Birth://_	
Child's Home Address:			
Phone #: ()			
INSTRU	CTIONS TO REACH PARENT/G	UARDIAN	
1			
1 Name	Address	Phone #	
2			
2 Name	Address	Phone	
<u>PEDIA</u>	TRICIAN OR SOURCE OF HEAT	ΓΗ CARE	
Doctor's Name	Address	Phone	e #
<u>EN</u>	MERGENCY CONTACT PERSON	<u> </u>	
1.			
Name	Address	Phone #	
2			
Name	Address	Phone #	
<u>MI</u>	EDICAL EMERGENCY TREATM	<u>ENT</u>	
I hereby give the Lynn Park	s and Recreation permission to adr	ninister basic First aid a	nd/or
CPR to my child		ar	nd/or
	and to secure medical treatment w rous to my child's health.	hen I cannot be reached	or
		//_	
Parent Signature		Date	
Allergies, Chronic Health Co	nditions:		
INS	JRANCE INFORMATION (OPTIC	<u>ONAL)</u>	
Company Name:	Policy #	# :	
Participating Hospital:			
Special Instruction:			

PARENTAL CONSENT and RELEASE FORM LIABILITY FOR CITY OF LYNN PARKS AND RECREATION FRIDAY EVENINGS 6 WEEK SKI PROGRAM

STARTING JANUARY 6, 2017 - FEBRUARY 10, 2017 AT BRADFORD SKI MOUNTAIN

I/We, the undersigned parent(s) or guardian(s) o consent to his/her participation in the City of Lyn program at Bradford Ski Mountain.		_
I/We forever RELEASE, acquit, discharge and cover municipal corporation of the Commonwealth of Meservants, and agents from any and all actions, caused of services, expenses and compensation on account indirectly, any personal injuries or property damagement(s) or guardian(s) of said minor, and also a which said minor may acquire, either before or after resulting from his/her participation in the Ski process.	Iassachusetts, and i ses of action, claims nt of, or arising out age which I/We may Il claims or rights of ter he/she has reac	ts officers, employees, s, demands, costs, loss of, directly or y hereafter have as the factions for damages hed his/her majority,
Signature of Parent(s) or Guardian(s)	Date	Relationship